UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	HAR 13 2018. Page 1 of
Name: CARDLYN N. LONG	Daytime Telephone:	18 MAR 19 AM 11: 57
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election: 11 6 2	WASHNULL IDIN Check if CD 03 Check if Amendment	(Office Use Only)
New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	■ E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting gh the date of filing? Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No K
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	1 \$5,000 from a Yes No No
ATTACH THE COF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	ST INFORMATION - ANSWER BOTH OF THESI	TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	tee on Ethics and certain other "excepted trusts" need not be disclosed.	fave you excluded Yes 🔲 No 🔀
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent cl exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ed" income, or liabilities of a spouse or dependent child because they meet all three tests for mittee on Ethics.	et all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: CAROWN N. LONG

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	-			CERT TIPA		Examples:			J have a prival transfer Fund, J so choose The source The source and the source optional col The sourc	Exclude: Your put homes and vacat income during the interest in, or retirement progra	in ownership is not publi iess, the r raphic locati	ental and off de a comp al property,"	than \$1,000 than	coount that	all IRAs an	ide complete ot use only t	Identify (a) each ass production of income a production of income a exceeding \$1,000 at the and (b) any other reports which generated more which generated more income during the year.	Assets a	
THAN ALM BINE	TIMA TRADITIONAL	CART GROWN	CREF GLARAL ED	CHEF STOCK 23	ABC Hedge Fund	Simon & Schuster			If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointy held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second thomes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment provide a complete address or description, e.g. "rental property," and a city and state.	r or bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	Assets and/or Income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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	amo: CAROWN V. LONG	
	Page 3 of 4	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Course (include date of receipt for homograpie)	Tuna		Amount
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ABC Trade Association, Baltimore, MD (July 15) Fyamples: State of Maryland	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
Ļ	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
STATE OF WASHINGTON	SALARY	97380.	80887
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SCHEDULE D - LIABILITIES

Name: CAROWN NONG Page_+ of_+ -

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

		77	97			SP, DC, JT		
BANK OF MERCICA	CITIBANK	UPSTRET	US BANK	HAVIENT (STUDENT LOAN)	Example First Bank of Wilmington, DE	Creditor		
12/31	12/31	41/01	7/17	10/95	5/98	Date Liability Incurred MO/YR		
BENDWING CC	PENDWING CC	Possonar Loans	HOWE EDVIN LINE	STUDIOUT TURBOUTS	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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Position	Name of Organization
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CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

	The Honorable Karen L. Haas, Clerk	-			3
	Office of the Clerk, U.S. House of Representatives	S	_	537	•
	Legislative Resource Center			ISL/	C
	135 Cannon House Office Building	0	¥R	VITA	1
	Washington, DC 20515-6601	E RE		E R	
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Indicate Your Status: (Select One)	Dear Madam Clerk:		1: 56	EGISLATIVE RESOURCE CENT	
	This is to notify you that I have not yet raised (either through contributions o	r∃ f loans	fron	<u> </u>	alf
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of			•	
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I	must f	ile a l	Financ	ial
	Disclosure Statement with the Clerk of the House of Representatives according				
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a cop-	-			
	provided to me by the Clerk.	, 01 111			
	Provided to like by the Otenia				
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	This is to notify you that under the laws of the state of				,
Withdrawal of Candidacy	I withdrew my candidacy for the U.S. House of Representatives on				_·
	[Note: If your Financial Disclosure Statement was due before the date on which	h you	with	drew	
• 100	from the race, you still must file a Financial Disclosure Statement with the Hou	-			
	4				
	Name (Please Print or Type): (arolyn N. Long				_
	State: Washington District: 03	3			
	Date: 3 11 2018				

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601